

Case Number:	CM14-0216697		
Date Assigned:	01/06/2015	Date of Injury:	09/26/2007
Decision Date:	03/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54 year-old male with a 9/26/2007 date of injury. According to the 11/07/14 pain management report, the patient presents with neck and back pain. 10/10 without medications, 8/10 with medications. Pain is reported to be worsening. He is in moderate to severe distress, and walks with the assistance of a walker, but the walker is broken and the physician requests a replacement front wheeled walker with a seat to replace it. The physician requests a routine lab to monitor metabolic or organ effects of the medications. He states the patient has been exposed to long-term regular use of NSAIDs, acetaminophen or other medications that may affect the kidneys and/or liver. The patient is using Ambien; gabapentin; oxycodone; Ativan. On 11/26/14 utilization review denied the 11/7/14 request for a comprehensive metabolic panel(CMP) because the patient had the study on 12/20/2013, and the physician's rationale for the panel was to monitor side effects of NSAIDs and acetaminophen. The reviewer did not see that the patient is taking any NSAIDs or medication containing acetaminophen. The reviewer denied the front wheeled walker due to no response from the request for additional information. The reviewer wanted to know the date of the lumbar surgery and evidence for lower extremity weakness.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Comprehensive metabolic panel: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus-w.nlm.nih.gov/medlineplus-

Decision rationale: The medical records provided for review are from 5/9/14 through 12/5/14. The patient was reported to have had a comprehensive metabolic panel on 12/20/2013, which showed elevated lipids, but remainder was normal. The physician requested a new comprehensive metabolic panel on 11/7/14 to evaluate liver/kidney function, stating the patient had been on NSAIDs and acetaminophen-containing medications or other medications that can harm the liver or kidneys. On review of the records, the patient was having trouble with the UR authorization and is not currently on NSAIDs or acetaminophen. However, the records from May through October 2014 show the patient was taking Percocet, and Norco, which have acetaminophen, Aleve an NSAID, and Zanaflex, a muscle relaxant that can cause problems with the liver. MTUS guidelines do not discuss Comprehensive Metabolic Panel, Medline Plus - w.nlm.nih.gov/medlineplus-states, "A comprehensive metabolic panel is a group of blood tests. They provide an overall picture of your body's chemical balance and metabolism. Metabolism refers to all the physical and chemical processes in the body that use energy." It is obtained to check kidney/liver function, blood sugar, cholesterol levels, electrolytes and protein levels. The Comprehensive Metabolic Panel is in accordance with evidence-based guidelines referenced above. The request for the Comprehensive Metabolic Panel IS medically necessary.

Cosamin DR 500/400mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine and Chondroitin Page(s): 50.

Decision rationale: Cosamin DS 500/400mg is a nutritional supplement containing Glucosamine HCL 500mg and Chondroitin Sulfate 400mg. MTUS Chronic Pain Medical Treatment Guidelines, page 50, for Glucosamine and Chondroitin, recommends glucosamine sulfate and chondroitin sulfate, but does not recommend the glucosamine hydrochloride HCl. The compounded product that contains glucosamine HCl is not completely in accordance with MTUS guidelines. The request for Cosamin DS 500/400mg #90 IS NOT medically necessary.

Vitamin D 2000 units #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9. Decision based on Non-MTUS Citation Pain Chapter for Vitamin D

Decision rationale: The records show the patient was first prescribed Vitamin D on 7/18/14. Labs for vitamin D were ordered on the same date. On 9/12/14, the records show the patient has low Vitamin D levels despite taking Vitamin D orally. The subsequent reports on 10/10/14 and 11/7/14 show low Vitamin D levels on lab studies. There is no change despite using Vitamin D. There is no improvement in serum vitamin D levels and no mention of improvement in pain, function or quality of life. The use of Vitamin D for treatment does not appear to be in accordance with MTUS guidelines. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. ODG-TWC Guidelines, online, Pain Chapter for Vitamin D states vitamin D deficiency is not considered a worker's compensation condition. The request for 1 prescription of Vitamin D 2000 units, #30, IS NOT medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute & Chronic), Insomnia Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines under Pain Outcomes and Endpoints Page(s): 8-9. Decision based on Non-MTUS Citation Pain chapter, for Zolpidem (Ambien) 1/2

Decision rationale: The records show the patient has been using Ambien since 5/9/14. There is no significant improvement in sleep or insomnia or next-day functioning documented on the subsequent reports through 11/7/14. MTUS did not discuss use of Ambien specifically, but does state that all therapies are focused on the goal of functional improvement. ODG-TWC guidelines, Pain chapter, for Zolpidem (Ambien) states: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. The use of Ambien does not appear to be improving the patient's sleep or function and is not in accordance with the duration of use under the ODG guidelines. The request for: 1 prescription of Ambien 10mg #15 IS NOT medically necessary.

Ativan 1mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Benzodiazepines, Anxiety treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Ativan is a benzodiazepine that was first prescribed to the patient in the ER after his lumbar surgery on 8/21/14. The records show the patient has been on Ativan 3x/day since 9/12/14. The 11/7/14 report states the physician is decreasing the dose of Ativan 1mg from 3x/day to 2x/day, but the prescription is still for #90 tablets or enough for 3x/day. The patient has been on Ativan for 3 months. MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines states most guidelines limit use to 4 weeks, and that they are not recommended for long-term use. The long-term use of benzodiazepines such as Ativan for 3 months is not in accordance with MTUS guidelines. The request for 1 prescription of Ativan 1mg #90 IS NOT medically necessary.